

Application to the School of Nursing Graduate Program

Application material is confidential information. Designated faculty and the Admissions Coordinator will review and evaluate the material submitted. All application materials, once submitted, are the property of the School of Nursing, San Diego State University, and cannot be returned or copied by the applicant under any circumstances. This material will also be part of the permanent student file if the applicant is accepted.

Please print or type the application and return to the School of Nursing.

Date of Application _____ Current RN license No. _____ State _____

Name _____
last first middle

Other names on transcripts _____
last first

Permanent address _____
street city state zip

SDSU Red ID (If known) _____ Birthdate _____ E-mail _____

Telephone No: Home () _____ Work () _____ Cell Ph () _____

-
- Undergraduate degree B.S.N. or B.S. with major in Nursing
 A.D. in Nursing with B.S. in another discipline
 Diploma in Nursing

Institution Name and Year undergraduate degree obtained _____

Have you completed a basic statistics course? Yes No
Give course title, number, and University where taken _____

Have you taken the Graduate Record Exam (GRE) Yes No
Date taken _____
Date scheduled _____

Please describe any physical or other limitation which may require special planning in preparing for the Graduate Program in Nursing.

For Office Use Only

GRE: V _____ + Q _____ = _____ A _____

- California license Personal Statement Transcripts GPA _____
 NLN/CCNE School Work Experience
 Statistics Course References

Admission Status

- Classified
 Conditional (conditions): _____
 Notice sent to applicant (date): _____
 Notice sent to Graduate Admissions (date): _____

Please indicate which program you are applying for:

ADVANCED PRACTICE NURSING OF ADULTS & ELDERLY

- Nurse Practitioner & Clinical Nurse Specialist
 - 2-year
 - 3-year
- Clinical Nurse Specialist & Nurse Educator*
 - 2-year
 - 3-year

COMMUNITY HEALTH NURSING

- School Nurse**

- Nurse-Midwife & Women’s Healthcare Nurse Practitioner *
 - 2-year
 - 3-year
- Women’s Healthcare Nurse Practitioner*
Curriculum sequence to be announced
- Nurse – Midwife*
Curriculum sequence to be announced

NURSING EDUCATION

- Adult Health
 - 2-year
 - 3-year
- Maternal- Newborn
 - 2-year
 - 3-year
- Nursing Service Administration
 - 2-year
 - 3-year

NURSING SERVICE ADMINISTRATION

- 5 Semester
- 6 Semester
- 7 Semester
- 8 Semester
- 9 Semester

* Program approved for 2008/2009 Graduate Bulletin

** Please see school Nurse Advisor for course sequencing

**Demographic Data Sheet
Graduate Application**

Applicant's Name _____
(please print)

Date _____

Please indicate which program you are applying for:

Community Health Nursing

Advanced Practice Nursing of Adults
the Elderly (NP-CNS) with specialization
in acute/critical care

Community Health Nursing with Specialization in:

School Nursing

Nursing Systems Administration

Nurse Midwife/OB-GYN Nurse Practitioner

Sex: Female Male Birthdate _____

Country of citizenship _____

How long have you been a registered nurse? _____

How long have you been in clinical practice as a registered nurse? _____

What is your current position/job title? _____

Are you currently Active Duty Military? Yes No
If yes, are you a DUINS applicant? Yes No

Ethnic background (optional)

American Indian

Chinese

Thai

Alaskan Native

Japanese

Other Southeast Asian

Black, African- American

Korean

Pacific Islander

Mexican-American, Mexican, Chicano

Other Asian

White

Cuban

Cambodian

Filipino

Puerto Rican

Laotian

Other _____

Other Latino, Hispanic

Vietnamese

Decline to state

Indicate any languages, other than English, that you speak fluently _____

Could you conduct an interview in this language? Yes No

Could you translate written material? Yes No

How did you hear about our graduate program?

List memberships in professional organizations and offices held:

List publications you have authored:

List professional certifications:

Other noteworthy professional activities:

SDSU

School of Nursing
College of Health and Human Services
San Diego State University
5500 Campanile Drive
San Diego, CA 92182-4158

(619) 594-5357
FAX (619) 594-2765

Applicant's Name _____
(Please Print)

Under the Family Educational Rights and Privacy Act of 1974, students who are accepted and enrolled in an academic program are given the right to read all records in their file, including reference letters, unless they have willingly signed a waiver of this right. A copy of the waiver must accompany each letter.

To the Applicant:

___ I waive my right of access to this reference.

___ I do not waive my right of access to this reference.

Date _____ Signature _____

To the Referent:

You have been selected as a reference by this applicant who is applying for admission to the Master of Science in Nursing program at San Diego State University. We hope that you will help both the applicant and us by giving your frank evaluation of this applicant's potential for advanced professional education.

A letter may be submitted in lieu of this form, if desired. Please return the form along with the letter.

Name _____ Position _____
(Please Print)

Organization _____

Knowledge of Applicant

Amount of time known: _____

Type of acquaintance (i.e., teacher-student, supervisor, professional colleague, etc.):

Have known the applicant:

_____ quite well _____ fairly well _____ in a limited way _____ not well enough to comment

AREAS OF CAPABILITIES

	Outstanding	Highly Capable	Capable	Below Average	Unsatisfactory	Did Not Observe
Ability to Work with Others						
Ability to Work Independently						
Academic Performance						
Application of Theory to Practice						
Commitment to the Nursing Profession						
Creativity						
Emotional Maturity						
Flexibility						
Knowledge and Skills in Nursing						
Leadership Ability						
Motivation						
Oral Expression						
Self-Confidence						
Sensitivity						
Written Expression						

Degree of Recommendation

- Highly Recommended Recommended with some reservations
 Recommended Not Recommended

Comments

Written comments regarding the applicant will be helpful. Please be as specific as possible if you choose to give examples of the items checked above.

Signature _____ Date _____

Thank you for your interest and thoughtfulness in responding to the applicant's required reference. Please mail the reference to:

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 College of Health and Human Services
 San Diego State University
 5500 Campanile Drive
 San Diego, Ca 92182-4158

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